DOCUMENT RESUME

ED 284 384 EC 200 201

AUTHOR Swartz, Stanley L.; And Others
TITLE Diagnosing Behavior Disorders: An Analysis of State Definitions, Eligibility Criteria and Recommended Procedures.
PUB DATE Apr 87
NOTE 26p.; Paper presented at the Annual Convention of the Council for Exceptional Children (65th, Chicago, IL, April 20-24, 1987).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Behavior Disorders; *Definitions; Due Process; Educational Diagnosis; *Eligibility; *Emotional Disturbances; Federal State Relationship; Identification; *Labeling (of Persons); National Surveys; Program Design; Referral; State Departments of Education; Student Placement
IDENTIFIERS Education for All Handicapped Children Act

ABSTRACT

Using information collected in a survey of all 50 states and the District of Columbia, the study analyzed state definitions of the "behavior disordered/emotionally disturbed" (BD/ED) category of handicapped children, program entrance and exit criteria, and procedures for referral, evaluation, and program placement. A general lack of definitional consensus, as well as lack of agreement on eligibility criteria, were reported. Some variant of the seriously emotionally disturbed (SED) label was used by almost two-thirds of the states, despite indications that both research literature and teacher training programs prefer the BD label. Twelve states reported using the definition prescribed in Public Law 94-142, the Education for All Handicapped Children Act. Clear and carefully articulated exit criteria were developed by only 17 states (39%). A considerable variety of methods used for referral, evaluation, and program placement were reported. Although multidisciplinary staffing is one of several procedural safeguards contained in Public Law 94-142, it is required by only 77% of the 48 states that provide procedural guidelines. Effective programming for the BD/ED population will continue to be thwarted until professional consensus is obtained in the areas of definition and program eligiblity. (JW)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED284384

Diagnosing Behavior Disorders:

An Analysis of State Definitions, Eligibility Criteria and Recommended Procedures

Stanley L. Swartz, William J. Mosley and Georgianna Koenig-Jerz

Western Illinois University

Council for Exceptional Children

April 1987

Chicago, Illinois

EC 200200

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Stanley L. Swartz

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Abstract

An analysis of state definitions (N=51, including the District of Columbia) of the behavior disordered/emotionally disturbed category of handicapped children, entrance and exit criteria, and procedures for referral, evaluation and program placement is reported. Lack of definitional consensus and eligibility criteria agreement were found similar to two previous related studies. A detailed analysis of each state and an overall analysis are reported. Lack of agreement among states and with the federal definition are reviewed and discussed.

Introduction

This paper assesses the current state of diagnosis in the field of behavior disorders/emotional disturbance (BD/ED)*. This assessment is achieved through an analysis of the definitions of BD/ED used by each State Department of Education and also through an analysis of each state's eligibility criteria and recommended procedures.

It has been generally acknowledged that BD/ED is difficult to define. Grosenick and Huntze (1980) have discussed the problems associated with defining this area. Balow (1979), Forness, Sinclair and Russell (1984) have discussed the lack of definitional consensus in this field. The lack of definitional agreement may relate to the fact that the BD/ED definition places considerable reliance on subjective factors and professional judgement. McGinnis, Kiraly and Smith (1984) have noted that diagnosis of BD/ED is strongly influenced by the medical model approach which emphasizes clinical judgement.

Almost all state plans utilize school psychologists in the diagnosis of BD/ED children. Historically, school psychologists have played primary roles in this area and this role has increased under P.L. 94-142 (Mowder, 1980). Ironically, however, school psychologists have been reported to have difficulty assessing BD/ED in children (Gresham, 1985). Ramage (1979) and Prout (1983) report that school psychologists lack the necessary knowledge, skills and training to assess children for BD/ED.

* The BD/ED notation will be used throughout the paper because it more accurately reflects the diversity of labels currently used.

Whether or not school psychologists are able to identify children with BD/ED problems competently, the basic problem of diagnosing BD/ED in children in the public schools appears to begin with and to be centered in the definition or definitions of BD/ED. Grosenick and Huntze (1980) regard the BD/ED area as one of the most ambiguous categorical areas in special education.

Perhaps for this reason there have been previous attempts to conduct national surveys of state departments of education relative to examining their definitions of BD/ED. The first such survey was conducted by Schultz, Hirshoren, Manton and Henderson (1971). The second was conducted by Epstein, Cullinan and Sabatino (1977). Both of their studies were concerned with definitions, program standards and entrance and exit criteria. Both studies reported considerable definitional ambiguity and little or no definitional consensus across the states. However, neither the Schultz et al. study or the Epstein et al. study had a formalized criteria from which definitional divergence or omission could be judged. That is, these surveys were conducted either without regard to, or, in the absence of, the present federal definition of BD/ED. Given that the federal definition has now been in use for more than a decade, and as such, should represent a single criterion approach for all states in defining BD/ED, the present study was conducted to determine whether the BD/ED definitional ambiguity, confusion and lack of consensus which had been reported by the two previous studies to exist nationally, presently exists given the advent of P.L. 94-142. Therefore, the purpose of the present study is to provide current information on the status of the BD/ED category relative to state definitions.

Method

State directors of special education in each of the 50 states and the District of Columbia were asked to provide "the definition of emotional disturbance and/or behavior disorders as prescribed by statute and/or state rules and regulations" and to provide "guidelines for identifying and serving handicapped children who are emotionally disturbed and/or behavior disordered." Mailed requests were made in September, 1986 and a second request was made by telephone to those who had not responded by November, 1986.

Analysis of common elements of the definitions and eligibility criteria and procedures was accomplished by comparing each state's definitional components to those of the federal definition in an independent review by two of the authors. Information that was unclear or open to interpretation was clarified by direct telephone contact with a representative of the issuing department. In those few cases where these two authors differed, the third author was used to reach consensus.

Results

All 50 states and the District of Columbia responded to either the written or telephone request. These responses varied from minimal statutory language to extensive guidelines that included diagnostic criteria and procedures for the identification and programming of BD/ED children.

Labels used for the behavior disordered/emotionally disturbed category are many and varied. Thirty-three states (65%) use a seriously emotionally disturbed variant. Fifteen (29%) use a behavior disorders variant. Four states (8%) use a combined BD/ED category and one state uses no categorical labels. A breakdown of the various state labels is reported in Table 1.

Definitions of the BD/ED category also showed considerable variability. Only six states (12%) used the seriously emotionally disturbed label and definition included in the regulations of P.L. 94-142. An additional six states use the P.L. 94-142 definition but have assigned a different label. Of the remaining states, 17 (33%) modified the P.L. 94-142 definition and 22 (43%) have developed a definition for their own use.

Modified 94-142 and state developed definitions were analyzed for common elements (see Table 2). Many of these states used specific elements of the federal definition. All but one state (38, 97%) included the statement that the condition must result in the inability to learn in their definition. The other federal definition elements were included in percentage ranges from 79 percent for the condition affects social relations to 54 percent for the presence of physical symptoms or fears. Other specifically included elements of modified or state developed definitions included behaviors occurring in a school setting and the child must need special education both reported by eight states (21%). Children who are autistic were included in the BD/ED category by five states (13%).

Table 1

Labels Currently Used by States to Represent the Seriously Emotionally Disturbed Category

Label	States	Number
seriously emotionally disturbed	AK,AR,CA,GA*,MD, OK,OR,SD,TN,TX, VT,VA,DC	13
emotionally disturbed (emotional disturbance)	KY*,MT,NJ,NY,ND, WI	6
seriously emotionally handicapped	AZ,IN,MS	3
emotionally impaired	ID,MI	2
emotionally handicapped	FL,HI,NH,NV,SC	5
emotional conflict	AL	1
socially and emotionally maladjusted	CT,DE	2
socially and emotionally disturbed	PA	1
seriously emotionally disturbed variants		33 (65%)
behavior disorders (behaviorally disordered)	GA*,IL,IA,KS,KY*, LA,NM,RI,UT,WV, WY	11
behaviorally handicapped	ME	1
severe behavior handicapped	OH	1
behaviorally impaired	NE	1
seriously behaviorally disordered	WA	1
behavior disorders variants		15 (29%)
emotional/behavior disorder	MN	1
behavioral disorders/ emotionally disturbed	MO	1
behaviorally/emotionally handicapped	NC	1
significant identifiable emctional or behavior disorder	CO	1
combined BD/ED		4 (8%)
non-categorical (child in need of special education)	MA	1

*Georgia and Kentucky report behavior disorders and emotional disturbance as separate categories

Twenty-four states (62%) in these two groups excluded children whose conditions were caused by other factors similar to the P.L. 94-142 definition. In addition, children who were substance abusers, or truant or delinquent were both excluded by three states (8%).

Table 2

Common Elements of Modified 94-142 and State Developed Definitions (N=39)

Specifically Included	frequency	%
Federal definition elements		
frequency/duration/intensity	29	74
inability to learn	38	97
affects social relations	31	79
inappropriate behavior	25	64
unhappiness/depression	22	56
physical symptoms/fears	21	54
Other elements		
occur in school setting	8	21
impede learning of others	4	10
impedes safety	2	5
needs special education	8	21
autism	5	13
Specifically excluded		
Federal definition element		
caused by other conditions	24	62
Other elements		
truancy/delinquent	3	8
substance abuse	3	8

In addition to the specific language used in the definition, 44 states developed specific eligibility criteria for the BD/ED category. The guidelines implementing the criteria varied in both extent and specificity. Eligibility criteria were typified by attempts to operationalize the BD/ED definition. These operationalizations were efforts to establish specific working criteria for elements of the definition used. That is, specific behavior descriptors, behavior levels or test results were provided to establish the basis for decision-making relative to BD/ED eligibility. Both entrance and exit criteria are summarized in Table 3.

By far the most frequent entrance criteria were operationalizations of the elements included in the federal definition. These included a range from a high of 28 (64%) states reporting both duration/intensity/rate of behaviors and the inability to learn to a low of 11 (25%) using signs of unhappiness or depression. Entrance criteria also included lists of specific behaviors (21, 48%), documentation of failed intervention attempts as a condition of eligibility (15, 34%) and the consensus of the multidisciplinary team that the child was eligible for the BD/ED category (13, 30%).

Relatively few states (17, 39%) have established exit criteria for BD/ED programs. Eleven states (25%) use agreement by the multidisciplinary team that the child no longer meets the entrance criteria as an exit criteria and five states (11%) report the same conditions but do not specify who makes that decision.

Forty-eight states have established procedures for program referral, evaluation of children referred to the BD/ED category and placement in BD/ED programs. These procedures are summarized in Table 4.

Table 3

Criteria for Program Entrance and Exit
(N=44)

Entrance criteria	frequency	%
frequency/duration/intensity	28	64
inability to learn	28	64
affects social relations	20	45
inappropriate behavior	22	50
unhappiness/depression	11	25
physical symptoms/fear	18	41
specified behaviors	21	48
intervention documentation	15	34
functioning inability-regular class	11	25
occur in school setting	11	25
occur at school, home, community	4	9
team consensus	13	30
impedes learning of others	4	9
test results	6	14
truancy	2	5
Exit criteria		
terminated by team	11	25
no longer meets criteria	5	11
reduced behavior incidents	3	7
sustained progress	6	14
test results	2	5

Table 4

Referral, Evaluation and Placement Procedures
(N=48)

Referral	frequency	%
prior intervention	24	50
regular teacher report	7	15
conference	11	23
administrative approval	5	10
Evaluation		
record of behavior	39	81
case study	34	71
test results	29	60
behavior rating scales	16	33
personality and projective tests	12	25
interview	11	23
psychiatric evaluation	2	4
Program Placement		
multidisciplinary staffing	37	77
specified committee members	30	63
severity	15	31
administrative approval	5	10

In addition to its use as an entrance criteria, documentation of failed intervention attempts was used to justify referral for evaluation (24, 50%). Conferences to establish the need for referral were reported by 11 states (23%) and five states (10%) specified the need for administrative approval of referrals.

Many states provided considerable and detailed information to assist in the evaluation process. A case study (defined in a variety of ways) is required by 34 states (71%). Most required some record of the child's behavior (39, 81%) and many of these

recommended the use of behavior rating scales (16, 33%). All states reported the use of school-based personnel in the evaluation process. Though some recommended psychiatric evaluation, only two (4%) required the services of a psychiatrist in making a BD/ED diagnosis.

Program placement by a multidisciplinary team was frequently (37, 77%) though not universally required. Specific personnel that comprised this team were listed by 30 states (63%). Final authority for program placement rested with administrative personnel in five states (10%).

Considerable diversity has been noted in defining the BD/ED category and establishing eligibility criteria for this handicapping condition. Some referral, evaluation and placement procedures of high frequency were noted but few enjoy the consistency of use that might suggest a high level endorsement by special education personnel. An analysis of each state, and category totals are reported in Tables 5, definitions, 6, eligibility criteria and 7, procedures.

TABLE 5

DEFINITIONS USED BY STATE DEPARTMENTS OF EDUCATION TO DEFINE THE EMOTIONALLY DISTURBED HANDICAPPING CONDITION

GUIDELINES	A L	A K	A Z	A R	C A	C O	C T	D E	F L	G A	H I	I D	I L	I N	K A	K S	L Y	M A	M E	M D	M A	M I	M N	M S	M O	M T	N E	N V	N H	N J	N M	N Y	N C	N D	O H	O K	O R	P A	R I	S C	S D	T N	T X	U T	V T	V A	W A	W V	W I	W Y	D C	STATISTICS Total	Percent
MANDATORY	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			X	X			X	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	44	86.27%
NON-MANDATORY					X																		X			X	X		X						X	X														7	13.73%
DEFINITIONS																																																			
SED 94-142		X																	X																X					X				X		X			X	6	11.76%
TITLE CHANGE ONLY													X													X		X				X							X					X			X				6	11.76%
MODIFICATION OF 94-142	X			X	X					X	X						X			X		X		X	X		X				X	X			X	X	X			X			X						17	33.33%
STATE DEVELOPED DEFINITION			X			X	X	X	X	X			X		X	X	X		X		X		X				X		X	X			X						X				X				X	X	X	22	43.14%
MODIFIED OR STATE (N=39)																																																			
SPECIFICALLY INCLUDED																																																		
FEDERAL																																																		
FREQUENCY/DURATION/INTENSITY	X			X	X			X	X	X	X	X			X	X	X	X	X		X		X	X		X		X			X	X	X	X			X	X	X			X		X	X			X	X	29	74.36%
INABILITY TO LEARN	X		X	X	X	X	X	X	X	X	X	X			X	X	X	X	X		X	X	X	X		X	X		X	X	X	X			X	X	X	X		X		X	X			X	X	X	38	97.44%
AFFECTS SOCIAL RELATIONS	X			X	X	X	X		X	X	X	X			X		X	X				X	X	X		X			X	X	X	X			X	X	X	X		X		X				X	X	X	31	79.49%
INAPPROPRIATE BEHAVIOR	X			X	X		X			X	X	X			X		X					X	X	X		X			X		X	X	X		X	X	X			X		X					X	X	25	64.10%
UNHAPPINESS/DEPRESSION	X			X	X		X				X	X					X	X				X	X	X		X			X		X	X			X	X	X			X		X							22	56.41%
PHYSICAL SYMPTOMS/FEARS	X			X	X		X				X	X					X	X				X	X	X		X			X		X	X			X	X	X			X		X							21	53.85%
OTHER																																																		
NON-CATEGORICAL																			X																																1	2.56%
OCCUR IN SCHOOL SETTING			X			X	X											X								X			X		X																X	X	8	20.51%
IMPEDE LEARNING OF OTHERS							X										X	X																															X		4	10.26%
IMPEDES SAFETY						X																						X																						2	5.13%
AUTISM	X																X											X	X																						5	12.82%
NEEDS SPECIAL EDUCATION		X	X															X		X	X							X												X				X						8	20.51%
SPECIFICALLY EXCLUDED																																																		
CAUSED BY OTHER FACTORS	X				X			X	X	X	X	X			X	X	X	X				X	X	X		X			X		X	X			X	X	X	X		X		X							24	61.54%
SUBSTANCE ABUSE																X				X																												X		3	7.69%
TRUANCY/DELINQUENT																X																															X	X		3	7.69%

TABLE 6

STATE ELIGIBILITY CRITERIA FOR THE BD/ED CATEGORY

ELIGIBILITY	A L	A K	A Z	A R	C A	C O	C T	D E	F L	G A	H I	I D	I L	I N	K A	K S	L Y	M A	M E	M D	M A	M I	M N	M S	M O	N T	N E	N V	N H	N J	N M	N Y	N C	O D	O H	O K	P R	R A	S I	S C	D	T N	T X	U T	V T	V A	W A	W V	W I	W Y	D C	STATISTICS Total	Percent
NO CRITERIA							X						X					X		X																		X	X		X											7	13.73%
ENTRANCE CRITERIA (N=44)																																																				
DURATION, INTENSITY, RATE	X		X	X	X	X		X		X				X	X	X	X			X	X		X	X	X	X			X		X	X	X			X		X		X			X			X	X		X	28	63.64%
INABILITY TO LEARN	X			X	X	X		X		X			X		X	X	X			X			X	X	X	X	X		X		X	X	X			X		X		X		X	X			X	X	X	X	28	63.64%
AFFECTS SOCIAL RELATIONS			X	X												X	X			X	X			X	X							X	X	X			X		X		X		X	X			X	X	X	X	20	45.45%
INAPPROPRIATE BEHAVIORS			X					X			X				X	X	X	X		X			X	X	X				X			X	X			X		X		X		X	X		X			X	X	X	22	50.00%
UNHAPPINESS/DEPRESSION				X				X								X	X			X				X									X			X		X		X		X	X			X					11	25.00%
PHYSICAL SYMPTOMS/FEAR			X	X	X			X								X	X			X				X									X	X	X			X		X		X	X			X	X				18	40.91%
SPECIFIED BEHAVIORS			X		X	X		X		X	X				X	X		X		X	X	X	X			X			X				X	X			X		X		X		X		X					21	47.73%
INTERVENTION DOCUMENTATION	X				X	X		X	X	X	X				X		X			X	X		X					X																				X	X		15	34.09%
FUNCTIONING INABILITY-REG.CLASS			X		X			X	X					X	X			X		X			X																									X	X		11	25.00%
EXHIBITED AT SCHOOL					X					X		X	X				X				X	X				X												X												X		11	25.00%
EXHIBITED AT SCHOOL, HOME, COMM.				X																X																																4	9.09%
TEAM CONSENSUS	X		X				X			X			X					X	X	X	X					X				X	X					X										X	X				13	29.55%
IMPEDES LEARNING OF OTHERS				X								X						X			X																														4	9.09%
TEST RESULTS		X		X															X																X	X															6	13.64%
TRUANCY					X															X																																2	4.55%
EXIT CRITERIA																																																				
TERMINATED BY TEAM	X				X	X						X	X					X																	X									X		X	X	X		X		11	25.00%
NO LONGER MEETS CRITERIA																		X			X			X	X																									X		5	11.36%
REDUCED BEHAVIOR INCIDENTS					X	X																														X															3	6.82%
SUSTAINED PROGRESS					X	X				X										X															X														X		6	13.64%
TEST RESULTS																																				X		X															2	4.55%

TABLE 7

STATE PROCEDURES FOR REFERRAL, EVALUATION AND PLACEMENT OF BD/ED

	A L	A K	A Z	A R	C A	C O	C T	D E	F L	G A	H I	I D	I L	I N	K A	K S	L Y	M A	M E	M D	M A	M I	M N	M S	M O	M T	M E	N V	N H	N J	N M	N Y	N C	N D	N H	O K	O R	P A	R I	S C	S D	S N	T X	T T	U A	V T	V A	W A	W V	W I	W Y	W C	D C	STATISTICS Total	STATISTICS Percent
NO PROCEDURES								X												X																			X														3	5.88%
PROCEDURES (N=48)																																																						
REFERRAL																																																					
PRIOR INTERVENTION			X	X		X		X		X	X				X		X	X			X			X			X	X						X	X					X										24	50.00%
REGULAR TEACHER REPORT						X								X	X								X		X	X																											7	14.58%
CONFERENCE						X		X		X				X	X					X											X				X		X		X			X									11	22.92%
ADMINISTRATIVE APPROVAL										X							X			X																																	5	10.42%
ASSESSMENT AND EVALUATION																																																					
RECORD OF BEHAVIOR		X		X	X	X	X		X		X	X	X	X	X	X	X	X			X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	39	81.25%
CASE STUDY		X	X	X		X	X		X	X	X		X		X	X		X	X			X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	34	70.83%
TEST RESULTS	X	X	X	X			X		X	X	X	X	X		X		X	X	X		X	X		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	29	60.42%
BEHAVIOR RATING SCALES	X	X		X		X	X			X			X		X			X			X	X		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	16	33.33%
PERSONALITY & PROJECTIVE TESTS	X	X				X		X		X			X	X				X			X	X		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	12	25.00%
INTERVIEW									X		X	X	X		X		X				X	X		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	11	22.92%
PSYCHIATRIC EVALUATION																																																					2	4.17%
PROGRAM PLACEMENT																																																					
MULTIDISCIPLINARY STAFFING	X	X	X			X	X		X		X	X	X	X	X	X	X	X			X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	37	77.08%
SPECIFIED COMMITTEE MEMBERS	X					X	X		X		X	X	X		X	X	X	X			X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	30	62.50%
SEVERITY							X			X	X	X	X		X	X	X				X																																15	31.25%
ADMINISTRATIVE APPROVAL		X								X								X																																		5	10.42%

Discussion

The present study is similar to the Schultz, Hirshoren, Manton and Henderson (1971) study and the Epstein, Cullinan and Sabatino (1977) study. All three examined state definitions of BD/ED and underlying components. The three studies also obtained very similar results. This similarity is surprising in that the earlier two studies were done either in the absence of, or, without utilizing the federal definition of BD/ED. Schultz et al. considered state definitions relative to the laws, rules and regulations in each of the fifty states and the District of Columbia. Epstein et al. established eleven components of definitions of BD/ED based on an analysis of state definitions combined with a review of authoritative definitions of BD/ED. These eleven components were then used as criteria for analyzing each state definition. The present study utilizes the federal definition of BD/ED as the criterion against which the state definitions were analyzed.

In spite of the differences pointed out above, in spite of the fact that a federal definition exists which the states are mandated to follow, and, in spite of the fact that almost eighteen years have elapsed between the Schultz et al. study and the present one, results obtained from the three studies are, in many instances, very similar. All three studies were consistent in the finding that across the states, considerable variation and little consensus exists in the way BD/ED is defined. The three

studies also found variance and ambiguity across the states regarding identification criteria, and eligibility criteria.

Some variant of the seriously emotionally disturbed label is used by almost two-thirds of the states for the BD/ED category. Though both research literature and teacher training programs prefer the BD label, the states have not followed this lead. The choice of the BD label by researchers and teacher trainers is probably made with the usual connotation that BD denotes observable and measureable phenomena. The ED label implies a condition that is based more in clinical judgement and therefore more illusive. Given the preference in the profession, the necessary first step in developing definitional consensus for the BD/ED category would be to promote the adoption of a uniform label. The present response, that of informally converting to the BD label without changing the seriously emotionally disturbed label used in P.L. 94-142, will only continue to promulgate the present confusion.

The same problem exists for establishing a definition for the category. Only twelve states are using the definition prescribed in P.L. 94-142. The other thirty-nine states have developed modifications representing a considerable range of theoretical orientation. These modifications apparently reflect the felt need to delimit the category in a manner not accomplished by the P.L. 94-142 definition. If it is the intent, however, as it appears to be, to identify and serve the same

group, it will be important to establish a uniform definition that is both research based and in keeping with the best practices developed from extensive field-based experience.

Establishing eligibility criteria is the process of developing an effective operationalization of the category definition. Even when a common definition is employed, this is a difficult process at best. In an earlier study to monitor local efforts to implement the BD/ED definition of a single state, the variability in eligibility criteria and methods used to identify children in the BD/ED category was considerable (Swartz and Mosley, 1986). The practices identified resulted in considerable diversity in what was, in theory, the same group of children. It becomes even more likely that the practices reviewed in this study have the same result because of the lack of common definition and eligibility criteria. If the definitional variability cannot be shown to serve any useful purpose or represent an important and defensible theoretical orientation, then the opportunity for such choices should be curtailed. The number of states using elements from the federal definition ranged down to approximately one-half for some of the elements. A clear indication that states could identify and serve children included in the federal definition but omitted in theirs was not provided.

Clear and carefully articulated exit criteria were only developed by a few states. One might suspect that program exit is more problematic than program entrance. Though providing appropriate service continues to be a high priority, it is of

equal importance in identifying the target population to specify those circumstances that demonstrate program success and readiness and eligibility for program exit.

Some procedures such as referral, evaluation and program placement, were developed as a means of identifying, placing and serving children in need of such services in a manner consistent with the definition used. However, the results show a considerable variety of methods used for referral, evaluation and program placement. Some of these methods are consistent with the federal definition. On the other hand, roughly one-half of the methods reported are inconsistent with the federal definition. These results suggest the absence of any coherent notion of best practices. Again, the need for consensus by professionals in the field is indicated.

Other procedures exist however which operate under a more severe mandate and seem to have a stronger legalistic basis than issues of indentification and eligibility. One such procedure is the multidisciplinary staffing. The multidisciplinary staffing is one of the several procedural safeguards contained in P.L. 94-142. By law this procedure is fixed, a given when the need exists to make placement and service decisions for children relative to special education services. The results of this survey suggest otherwise. The multidisciplinary staffing is required by only 77 percent of the 48 states that provide procedural guidelines. If a procedure that is as clearly required as the multidisciplinary staffing is subject to varying

interpretations, the rate of overall compliance with federal regulations becomes a serious question. The amount of state flexibility should be dependent on the extent to which basic guarantees can be assured. That the procedures currently in place represent equal protection under the law in any sense, are not confirmed. That the procedures employed to identify and serve the BD/ED category represent generally accepted practices, are also not confirmed because of the extreme diversity.

States are required to assure the federal government that when using a definition or program eligibility criteria different from that specified in P.L. 94-142, that essentially the same group of children will be identified and served. Given the results of this study however, especially when compared to the results of the two earlier studies, there appears to be little likelihood that such assurances can be made with confidence. Overall the status of BD/ED in this particular area appears to have changed very little over time.

Governmental agencies are well known for their lack of ability to make meaningful change rapidly. They cannot be expected to lead the effort to develop professional consensus in defining and developing the parameters for a handicapping condition as complex as behavior disorders/emotional disturbance. This challenge must be faced by special educators and other professionals involved in identifying and serving BD/ED children. It is the singular position of the BD/ED category, over all the other handicapping conditions, to continue to confuse and confound efforts to develop an agreeable operational definition

and criteria to implement that definition. Effective programming for the BD/ED population will continue to be obscured by this problem until definitional consensus and eligibility criteria are generally accepted in the profession.

Authors: Stanley L. Swartz, Ph.D., Professor of Special Education, William J. Mosley, Ph.D., Professor of Special Education, and Georgianna Koenig-Jerz, Research Assistant, Department of Special Education, Western Illinois University.

Bibliography

Balow, B. (1979). Definitional and prevalence problems in behavior disorders of children. School Psychology Digest, 8, 153-161.

Epstein, M., Cullinan, D. and Sabatino, D. (1977). State definitions of behavior disorders. The Journal of Special Education, 11, 417-425.

Forness, S., Sinclair, E. and Russell, A. (1984). Serving children with emotional or behavior disorders: Implications for educational policy. American Journal of Orthopsychiatry, 54, 22-32.

Gresham, F. (1985). Behavior disorder assessment: Conceptual, definitional, and practical considerations. School Psychology Review, 14, 495-509.

Grosenick, J. and Huntze, S. (1980). National needs analysis in behavior disorders. Columbia: University of Missouri.

McGinnis, E., Kiraly, J., and Smith C. (1984). The types of data used in identifying public school students as behaviorally disordered. Behavioral Disorders, 9, 234-246.

Mowder, B. (1980). Pre-intervention assessment of behavior disordered children: Where does the school psychologist stand? School Psychology Review, 9, 5-13.

Prout, H. (1983). School psychologists and social-emotional assessment techniques: Patterns in training and use. School Psychology Review, 12, 377-383.

Ramage, J. (1979). National survey of school psychologists: Update. School Psychology Digest, 153-161.

Schultz, E., Hirshoren, A., Manton, B., and Henderson, R., (1971). Special education for the emotionally disturbed. Exceptional Children, 38, 313-319.

Swartz, S., and Mosley, W. Diagnosing behavior disorders: An analysis of Illinois criteria. Illinois School Research and Development, accepted for publication.